

NASA
Lewis Research Center

CONFINED SPACE ENTRY PERMIT

Date Issued _____
Expires _____

NOTE 1: IN THE EVENT OF AN EMERGENCY, CALL 911.

NOTE 2: IF THE CONDITIONS OR PROCEDURES SPECIFIED ON THIS PERMIT CHANGE, STOP WORK IMMEDIATELY AND NOTIFY THE SAFETY ASSURANCE OFFICE AT 3-3019

Part 1: HAZARD ASSESSMENT (to be filled out by the Entry Supervisor)

Confined Space Identification Number: _____

Location of Confined Space: _____

Description of Confined Space: _____

Description of Work to be Performed: _____

Materials or Chemicals Located and/or Brought into the Confined Space (MSDS's must be posted): _____

Equipment located or to be brought into the Confined Space: _____

CHECK ALL POTENTIAL HAZARDS (Check all inherent & introduced hazards):

HAZARDOUS ATMOSPHERES

- ☐ FLAMMABLE
☐ TOXIC
☐ IRRITANT
☐ CORROSIVE
☐ OXYGEN-DEFICIENT
☐ OXYGEN-ENRICHED
☐ OTHER (List) _____

PHYSICAL HAZARDS

- ☐ TEMPERATURE
☐ CHEMICAL ABSORPTION
☐ NOISE
☐ ENTRAPMENT
☐ VIBRATION
☐ ELECTRICAL EQUIP.
☐ MECHANICAL EQUIP.

- ☐ SPARK-PRODUCING OPERATIONS
☐ SPILLED LIQUIDS
☐ ENGULFMENT
☐ RADIATION
☐ ENTRY AND EXIT LIMITATIONS

OTHER ANTICIPATED HAZARDS (Describe)

Part 2: HAZARD CONTROLS (to be filled out by the Entry Supervisor)

Yes No

Is lockout/tagout required? _____

List isolation points: _____

Are GFCI's required on all electrical power? _____

Is Explosion-proof equipment required? _____

Are barriers required? _____

Is communication equipment required? _____

Is telephone or 2-way radio for summoning rescue available? _____

Check required emergency equipment:

☐ Fire Extinguisher (Specify Type _____)

☐ Emergency Shower/Eyewash

☐ Safety Harness

☐ Life Line/Retrieval Line

☐ Tripod and Winch (for 5+ ft. vertical)

☐ Other (Specify) _____

Are MSDS's for all materials in the confined space or to be brought into the confined space attached? _____

Have entrants and standby personnel been trained per Chapter 16 of the Lewis Safety Manual? _____

Has the standby person been informed to remain continuously posted outside the confined space? _____

Special entry and/or work procedures? _____

List required Personal Protective Equipment? _____

Part 3: PERMIT REVIEW (to be completed by the Safety Assurance Office (3-3019))

<u>Yes</u>	<u>No</u>	
___	___	Has appropriate air monitoring been identified?
___	___	Are respirators required? List types: _____
___	___	Are hazard controls and PPE appropriate and adequate?
___	___	Has SAC approved the Operating Procedure?
___	___	Is continuous air monitoring required?

Describe any special entry requirements _____

Permit Approved:

Safety Assurance Office: _____

(Name)

(Date)

(Signature)

(Phone Number)

Part 4: AIR SAMPLING RESULTS (to be completed by the NASA Fire Dept. (3-2088))

Air Monitoring Equipment used:			Date	User's
<u>Model</u>	<u>Serial Number</u>		<u>Calibrated</u>	<u>Name</u>
_____	_____		_____	_____
_____	_____		_____	_____

Air Monitoring Results (to be conducted at various areas throughout the confined space)

<u>Date</u>	<u>Time</u>	<u>Location(s)</u>	<u>Oxygen, %</u>	<u>Combustibles, % LEL</u>	<u>H₂S</u>	<u>Toxic Chemicals</u>	
			<u>(19.5-23.5%)</u>	<u>(0-10% of LEL)</u>	<u>(10ppm PEL)</u>	<u>(35ppm PEL)</u>	
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Has all required air monitoring been done throughout the confined space? Yes ___ No ___

Part 5: LIST ALL AUTHORIZED ENTRANTS AND STANDBY PERSONNEL (completed by the Entry Supervisor and Initialed by Entrants and Standby Personnel)

<u>Entrants</u>	<u>Signature</u>	<u>Standby Personnel</u>	<u>Signature</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part 6: CERTIFICATION (Entrants and standby personnel shall review the permit and Operating Procedure. After this is done, they shall sign the permit next to their names in Part 5.)

I certify that all the requirements of this permit have been met.

ENTRY SUPERVISOR _____

(Name)

(Signature)

(Date)

(Phone Number)

(Organization)

COTR _____

(Name)

(Signature)

(Date)

(Phone Number)

(Organization)

When confined space entry work is completed, send this permit to the
Safety Assurance Office, MS 501-4.